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***Mycoplasma pneumoniae*-induced nonsexually acquired genital ulceration (Lipschütz ulcers)**

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We read with interest the case report by Fremlin and colleagues¹ on nonsexually acquired genital ulceration (NSAGU), also termed Lipschütz ulcers. NSAGU is characterized by acute painful genital ulcerations in girls and young women, and has been associated with a large spectrum of acute infections, e.g., Epstein-Barr virus (EBV), cytomegalovirus (CMV), and parvovirus.^{2 3} We would like to draw attention to the possibility of another important cause of this condition.

A previously healthy 12-year-old girl presented with acute painful genital lesions after one week with cough and fever. She denied sexual activity. Physical examination revealed multiple fibrin-coated genital ulcerations (**Figure A**). Chest radiograph showed a retrocardiac infiltrate. Swabs from vulvar ulcerations and vagina were negative for *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, and Herpes simplex virus DNA by PCR. Serology for EBV, CMV, parvovirus, and syphilis were also negative. *Mycoplasma pneumoniae* (*Mp*) was detected by PCR in pharyngeal swab samples, but not from genital ulcers and blood. A diagnosis of *Mp*-induced NSAGU was made. The patient recovered following a 5-day course of topical corticosteroid treatment for NSAGU and oral clarithromycin for *Mp* pneumonia (**Figure B**). *Mp* infection was confirmed by strong seroconversion for both specific IgM and IgG at a 3-week follow-up.

Mycoplasma pneumoniae is a common cause of respiratory tract infections in children. Apart from respiratory tract disease, *Mp* infection can cause extrapulmonary manifestations. To our knowledge, NSAGU associated with *Mp* has been described in only 8 cases (5 girls and 3 young women).²⁻⁵ Pathogenesis likely involves an immune-mediated process triggered by *Mp* in the respiratory tract.⁴ Topical corticosteroids and analgesics may be beneficial.² The effect of antibiotics against *Mp*

on *Mp*-induced NSAGU is unclear.² Recognition of this condition may prevent extensive diagnostic testing and suspicion of sexual abuse in children.

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Figure legend

Figure 1. Ulcerations with erythematous border and fibrinous exudate located at the introitus at first presentation **(A)** and after near-resolution at a 5-day follow-up **(B)**.